


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000003411 (3)					
1. Corporation Name DISNEY WONDER CORPORATION					
Principal Place of Business 210 CELEBRATION PL #400 CELEBRATION FL 34747			Mailing Address 210 CELEBRATION PL #400 CELEBRATION FL 34747-4804		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1996	
21 Suite, Apt. #, etc.		26 500 S. Buena Vista St.		3a. Date of Last Report N/A	
22 City & State		27		4. FEI Number 59-3377432	
23 Zip		28 Burbank, CA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 91521-0586		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent IOPPOLO, FRANK S 1375 BUENA VISTA DR, 4TH FLR N LAKE BUENA VISTA FL 32830				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	LITVACK, SANFORD M				
STREET ADDRESS	500 S BUENA VISTA ST				
CITY-ST-ZIP	BURBANK CA 91521				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MURPHY, LAWRENCE P				
STREET ADDRESS	500 S BUENA VISTA ST				
CITY-ST-ZIP	BURBANK CA 91521				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	REED, MARSHA L				
STREET ADDRESS	500 S BUENA VISTA ST				
CITY-ST-ZIP	BURBANK CA 91521				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WEISS, ALLEN R				
STREET ADDRESS	210 CELEBRATION PL #400				
CITY-ST-ZIP	CELEBRATION FL 34747				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	MCALPIN, THOMAS				
STREET ADDRESS	210 CELEBRATION PL #400				
CITY-ST-ZIP	CELEBRATION FL 34747				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	BUETTNER, ANNE L				
STREET ADDRESS	500 S BUENA VISTA ST				
CITY-ST-ZIP	BURBANK CA 91521				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Marsha L Reed (818) 560-1000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)